UCSF Medsounds Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 18 AUGUST 5, 1997

Medical Center healthy, but still faces fiscal threats

By LISA CISNEROS

Bill Kerr, chief operating officer of UCSF Stanford Health Care, told UCSF faculty last week that although fiscally healthy today, the Medical Center faces serious financial threats to its academic mission.


Kerr

"I remain firmly convinced that we will provide a much better scope of services and do it in a much more effective fashion and be far less threatened economically by coming together. Will this merger make all the problems go away? Absolutely not," he told more than 140 attendees at an Academic Senate meeting last week.

As the managed care market intensifies, increasing numbers of patients are shifting to health maintenance organizations. Already about 85 percent of commercially insured San Franciscans are in enrolled in HMOs as are about half of all Medi-Cal patients and 30 percent of all Medicare patients. Major insurers and HMOs are engaged in a price war that puts increasing pressure on medical centers to lower prices of health care services, he said.

In addition, physicians and hospitals continue to consolidate services to form health care systems. Kaiser Permanente, Sutter Health, Catholic Healthcare West and Columbia HCA are the major health systems in Northern California and are exerting more pressure on providers to keep care within their own system, Kerr said.

In addition, reductions are likely in Medicare, the program that pays doctor and hospital bills for the elderly and the only payer that reimburses medical education costs. Cuts are also expected in Medicaid, the program that covers the poor, especially children and the aged. Because these two programs account for almost a third of all spending on health care nationally, the effects of future reductions could mean substantial revenue losses across the entire US medical system.

Covering about 30 percent of the Medical Center's patient population, Medicare continues to contribute about $9 million in direct medical education and another $33 million in indirect medical education support. Direct medical education payments are spent on trainee salaries and benefits while indirect medical education funds compensate teaching hospitals for the severity of patient illnesses, the scope of services provided and the impact of academic programs on hospital operating costs.

"It is clear that we will see a decline in the support of direct and indirect medical education," Kerr said. Indeed, current plans to overhaul the ailing Medicare system will hike out-of-pocket costs for beneficiaries and lower payments to providers and hospitals.

UCSF provides one-third of all Medicaid services in San Francisco and is the twelfth largest Medicaid program in the state. Medicaid patients constitute about 26 percent of UCSF's patient population.

"Last year, UCSF lost $56 million caring for the Medi-Cal population, that's the difference between the cost we incurred in providing service and the actual payment from the Medi-Cal program," he said.

Kerr went on to note that the Medical Center saw a decrease in patients days — the key measure of hospital activity — from 205,000 days in fiscal year 1992 to 146,000 days projected in fiscal year 1998. Much of the decline is a reduction in the length of stay, which now averages about 6.3 days, and a shift from inpatient to outpatient care. During fiscal years 1994 to 1996, the Medical Center's operating gains have declined to a level of 1 to 2 percent.

"We should be generating a 5 percent operating margin. Most academic medical centers across the country are gaining in the 5 to 7 percent range," Kerr said. Such a gain is the only source of income to invest in new programs and capital expenditures, he added.

Kerr outlined a number of economic benefits that UCSF and Stanford can achieve by merging. While merger-related costs will increase with the delay in the start-up date, the organization will save over the long run, in part, by reducing expenses in administrative and support services, supply and acquisition and distribution, and by consolidating information systems.

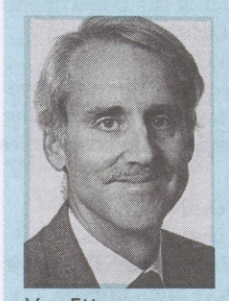
In terms of revenue enhancement, Kerr said that UCSF and Stanford currently would only serve about a 15 percent share of Northern California patients in highly specialized care. "We believe that by coming together, we can reduce costs, thereby reducing price, we can demonstrate better outcomes, we can develop the best practices by learning from one another and we're quite persuaded that we can gain a better share of the marketplace."

A modest increase — about 5 percent — in patient population is all that's necessary to achieve an operating margin that would allow for continued invest-

(See **Finances** on page 3)

Job offer letters yet to come

In a letter mailed last week to employees, UCSF Stanford CEO Peter Van Etten said, "because we do not have final approval for the merger, we cannot make job offers at this time. However, I want to offer you as much reassurance as I can about the future of your job with UCSF Stanford Health Care."


Van Etten

"I recognize that the merger of our organizations has caused uncertainty among employees about the future of their jobs," Van Etten wrote.

The target start date of operations for UCSF Stanford was delayed until Nov. 1 because officials were unable to completely resolve all of the details required to obtain final approval from UC Regents and Stanford Trustees. Both boards are expected to consider approving the merger of clinical operations in mid-September.

According to Van Etten, UCSF Stanford officials have completed all of the staffing plans for the new enterprise. Last week, Bill Kerr, chief operating officer, told Newsbreak that the new organization will likely hire more than 95 percent of all those employees affected by the merger on both campuses.

Van Etten said affected employees can expect to get a job offer if they continue their employment in their current position at the time of the merger. The job offer will be based on the UCSF Stanford Health Care terms of employment and benefits described in June.

"I am optimistic that we can resolve the remaining issues by the September meetings of the UC Regents and Stanford Trustees and we will move forward with our new November target date for fully merging operations," Van Etten wrote.

In related news, UCSF employees eligible to be leased to UCSF Stanford Health Care received separate letters last week that included a list of questions and answers. (See page 3 for details.)

Giants to donate to SFGH's Ward 86

The San Francisco Giants announced that all proceeds from their 4th Annual "Until There's a Cure Day" will be donated to the UCSF AIDS Program at San Francisco General Hospital to renovate the AIDS outpatient clinic on SFGH's Ward 86.

This is the first time the Giants have donated all the funds raised from the special day to one AIDS program or beneficiary.

"Until There's a Cure Day" will be held at 3Com Park, Sunday, Aug. 31, when the Giants take on the Anaheim Angels at 1:05 p.m.

As in previous years, the Giants will donate $1 from each ticket sold for the game. In addition, funds will be raised through the sale of "The Bracelet," which is designed and marketed by the non-profit Until There's a Cure Foundation. The bracelet and a special line of clothing merchandise featuring the combined Giants/AIDS ribbon logo will be available at 3Com Park and at all Giants Dugout stores in Northern California.

In 1994, the Giants were the first professional sports team to stage a benefit game for AIDS research, education and care or services. The team has attracted 110,000 spectators and contributed more than $350,000 to AIDS causes since the first fundraising game.

Ward 86 at SFGH sees about 3,000 patient visits each month and the staff has cared for approximately 300,000 patients since the outpatient clinic opened in 1983. Under the direction of Paul Volberding, UCSF professor of medicine, the UCSF AIDS Program at SFGH has become recognized internationally for its outstanding patient care and clinical research.

"We are very grateful for the Giant's continued support," said Volberding. "Being the sole beneficiary this year is a very special honor and privilege. The Giants are to be commended for taking the leadership among professional sports organizations and for showing such a strong commitment to defeating this disease. They are one more example of San Francisco's unique approach to the AIDS epidemic — taking the lead with courage and conviction and asking their fans to help and support their effort. We are proud to be involved with Until There's a Cure Day."

SFGH, which is part of the Community Health Network of San Francisco, received the No. 1 ranking for AIDS care from U.S. News and World Report's "America's Best Hospitals" for the seventh consecutive year. The outpatient clinic on Ward 86 is one of several AIDS programs at SFGH that contributed to the hospital's being ranked best in AIDS care in the nation. The UCSF AIDS Program at SFGH is a program of the UCSF AIDS Research Institute. For information about group, corporate or individual tickets for the event, call 1-800-SFGIANT.

Mission Bay design competition under way

By BRAD FOSS

The design for UCSF's second major site at Mission Bay is now on the drawing board as Bay Area Life Sciences Alliances (BALSA), a non-profit public benefit corporation dedicated to fostering life sciences and biotechnology in the region, is challenging the world's top architectural and planning firms to give it their best shot.

The new site will ease the existing crowdedness at Parnassus, while allowing the University to expand and consolidate research in an environment that encourages interdisciplinary collaboration.

"In the past, due to the way state construction funding has come to us, UCSF has had to plan on a building-by-building basis. This has resulted in a hodgepodge of building designs and placement," says Bruce Spaulding, vice chancellor of advancement and planning.

And although the Mission Bay campus will be constructed over a period of time, it will be guided by a singular design.

"We are very grateful to BALSA's effort to give us an opportunity to master plan a stunning new campus," Spaulding says.

Ten internationally renowned architectural firms are expected to present plans next week to a committee comprised of local architects and planners, UCSF faculty, and neighborhood representatives. The committee will select five finalists, each of whom will partner with the San Francisco architecture firm of their choice to develop three-dimensional design models.

In October, the models will be made available for public viewing and comment. A nine-person jury will select one winner that will be commissioned to prepare a detailed master plan.

The project calls for 2.65 million square feet of biomedical laboratory, instructional and administrative space located on 43 acres of property donated by the Catellus Development Corp. and the City and County of San Francisco. Full buildout of the site will be completed in phases.

"A key objective of the master plan is the creation of interactive spaces – inside buildings and in the 'people places' between buildings – the connecting places where people 'run into' each other and share information," says Clifford Graves, former executive director of the San Francisco Redevelopment Agency and president of BALSA.

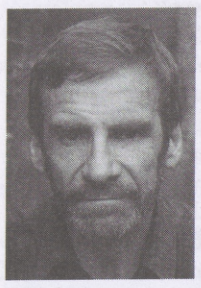
In addition to the creation of state-of-the-art laboratory space, plans for Mission Bay call for a high-speed information network to link its occupants to one another and to other UCSF sites, on-

(See **Mission Bay** on page 4)

In Memoriam

Roy H. Steinberg, a renowned scientist and teacher at UCSF who made fundamental contributions to understanding of the eye, died on July 26 at home in San Francisco. He was 61.

The cause of death was multiple myeloma, a cancer of the bone marrow.



Steinberg

Known worldwide for his pioneering studies on the function and structure of the retina, Steinberg was professor of physiology and ophthalmology and vice chair of the Department of Ophthalmology in the UCSF School of Medicine. He was active in research and teaching and served on numerous professional societies and government panels.

Steinberg had served on the National Eye Advisory Council for the past two years. In 1991, he organized and chaired the NIH Repair and Replacement to Restore Sight project.

In 1987, Steinberg received the Jonas S. Friedenwald Award from the Association for Research in Vision and Ophthalmology. In that same year, he was given a Merit Award from the National Eye Institute.

With his colleague Sheldon Miller, now at UC Berkeley, Steinberg had shown that the pigmented cell layer of the retina controls the makeup of the environment surrounding the rods and cones, the cells that first respond to light hitting the retina. He also discovered how the retinal pigmented layer contributed to the electroretinogram, a test used by ophthalmologists as a non-invasive measure of retinal function.

Steinberg also showed that the cone cells of the human retina renew themselves daily by dropping off used-up parts, which are then disposed of by the pigmented layer. He had said that his most enjoyable discovery, made in collaboration with UC Santa Barbara scientists Steven Fisher and Don Anderson, was the formulation of an original scientific model of how the new parts of the rods and cones replaced the used portions of these structures daily.

In the late 1980s, Steinberg, along with UCSF medical student Ella Faktorovich and his colleague Matthew M. LaVail demonstrated that injecting the newly discovered molecules called growth factors into the eye could slow or prevent breakdown of the rods and cones in laboratory rats.

Steinberg became dedicated to finding a treatment for blinding diseases that kill the rods and cones, such as retinitis pigmentosa and macular degeneration. At the time of his death, he was involved in further animal experiments with LaVail that he hoped would soon lead to growth factor treatment of these blinding diseases.

For their groundbreaking work, Steinberg and LaVail were awarded the John A. Moran Prize in Visual Science in 1997. His research over the past decade was supported by the National Eye Institute of the NIH, the Foundation Fighting Blindness, and Research to Prevent Blindness.

Steinberg had a lifelong interest in human psychology, which he studied at the University of Michigan, where he received his undergraduate and master's degrees. He earned his MD degree at New York Medical College. Following his internship at Boston University, he went to the Montreal Neurological Institute at McGill University in Canada to pursue a doctorate degree in brain research with Herbert Jasper. At McGill, he began his investigation of the mammalian retina, considered a part of the brain. He soon became as interested in understanding retinal behavior as human behavior.

During the Vietnam era, Steinberg carried out research for the US Army and Navy. He began his affiliation with UCSF in 1969.

He is survived by his wife Jane M. Gitschier, a human geneticist and professor of medicine and pediatrics at UCSF, and their adopted daughter Annie Xiao-Peng Steinberg.

A memorial service will be held at a later date. Donations may be sent to either the Foundation Fighting Blindness, Executive Plaza 1, Suite 800, 11350 McCormick Road, Hunt Valley, Md. 21031; the Roy H. Steinberg Memorial Outpatient Care Fund (payable to UC Regents), Division of Hematology/ Oncology, Box 1270, UCSF, San Francisco, Calif. 94143-1270; or the Roy H. Steinberg Fund for Research on the Causes and Treatment of Multiple Myeloma, Arkansas Cancer Research Center, Slot #623, Little Rock, Ark. 72205.

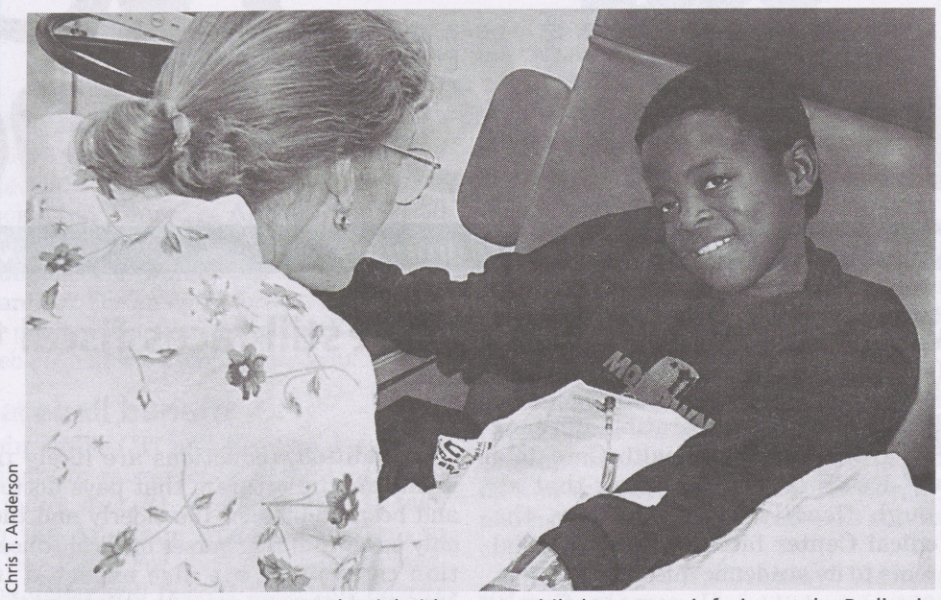
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Chris T. Anderson

Nurse Amy Pearson amuses Nathaniel Bishop, 12, while he gets an infusion at the Pediatric Clinical Research Center in Moffitt Hospital.

Child-friendly research center opens

Creating a child-friendly, cheerful environment for patients combating HIV, cancer and other serious illnesses, the Pediatric Clinical Research Center at UCSF recently opened its newly renovated space on the sixth floor of Moffitt Hospital.

A multidisciplinary, five-bed patient care unit and outpatient area, the PCRC is staffed by professional research nurses and skilled medical personnel involved in 105 investigator-initiated clinical research studies. Researchers are assisted by a biostatistician who helps with study design, a computer systems manager who oversees database management and analysis, and technicians who work in a specialized core laboratory.

As an immunologist, Diane Wara, who directs the UCSF Pediatric HIV Program, is spearheading a national research effort studying the function, purpose and proliferation of CD4 cells in children. Previous studies have focused on counting the numbers of CD4 cells in adults infected with HIV, but Wara aims to answer questions such as where they originate, what they do and how long they last.

Children in the remodeled center can now play with brightly-colored blocks, twirl a puzzle or put their handprint on a heat-sensitive mat while waiting for treatment. The waiting room, converted from office space with funds donated by the Platt-Ross Foundation, also features a TV which is expected to be replaced by a personal computer.

Lavender and other pastel colors now brighten up the inpatient area creating a color scheme that complements the decor of the entire Children's Medical Center. Besides the noticeable cosmetic upgrades, though, one inpatient room is now lead-lined so children can get infusion radiation therapy without feeling isolated from friends and family. "Patients getting radiation therapy used to have to be closed off," says Lael Lambert, nurse manager of the PCRC.

The remodeled outpatient area includes three infusion stations and two private examination rooms. The PCRC also includes a consultation room that can be divided into two rooms to conduct private social work and psychological evaluations. The added privacy is important to providers who found it difficult to protect the confidentiality of patients and their families when they had to talk in the hallways, Lambert notes.

Funded by the National Center for Research Resources, an institute of the National Institutes of Health, the PCRC is one of about 75 clinical research clinics nationwide.

The center welcomes applications for protocols from all disciplines. For more information about submitting a proposal to the PCRC, please contact Leslie Mullin at 476-2755 or lmullin@peds.ucsf.edu.

— Lisa Cisneros

Commission works to ensure safety in human research

By BRAD FOSS

After halving the workload of faculty charged with the daunting task of reviewing and approving research that involves humans, UCSF is better able to safeguard the lives of men, women and children who participate in clinical studies.

By dividing into two separate groups, each with its own chair, the UCSF Committee on Human Research has cut in half the job responsibilities for faculty members who aim to protect human research subjects by combing through the exhaustive documentation that is required by governing bodies at various levels.

"There is a scrupulous audit trail that follows any kind of human research on this campus," explains Karl Hittleman, associate vice chancellor for research. "But the workload was becoming such a burden on the committee that it was not in the best interest of the (human) subjects."

One of six distinct protocol review teams on campus, the committee considers the risks involved for drug addiction research, clinical treatments, psychological studies and any other scientific investigation that requires human subjects. Other groups exist to approve research on animals, biosafety, chemical safety, radiation, and radioactive drugs.

Another byproduct of sharing the job responsibilities is that senior faculty, who were once reluctant to give up their own precious laboratory time to volunteer, may now step forward for duty, Hittleman says.

"We've halved the work of our committee members," says Art Ablin, professor emeritus of clinical pediatrics who chairs one committee while James Kahn, associate professor of medicine and associate director of the UCSF AIDS Program at SFGH, chairs another.

Describing Ablin as the "unflappable sage," and Kahn as a "young entrepreneur," Hittleman says the chairs bring the experience, wisdom, and energy necessary to lead the committees.

Through his many research projects as principal investigator for the Children's Cancer Group, Ablin is said to have submitted more protocols to the committee in the last 20 years than any other single faculty member. Another improvement he and Kahn would also like to see as co-chairs is increased collaboration between independent review boards in the UC system that consider protocols that are identical at several campuses.

The need to restructure the human research committee was evident as faculty faced a tremendous growth in the number of projects brought to their attention — 30 times more protocols today than in 1966, Hittleman notes. Coupled with this trend, surveillance of human research at the federal level, particularly from the Department of Health and Human Services, has intensified. Regulations were established to avoid abuses to human research subjects, such as the infamous Tuskegee studies in Alabama of African-American males who went untreated with syphilis for decades.

Prior to the appointments of Ablin and Kahn, and in the temporary absence of a chair, the committee was led by two vice chairs.

Ablin says he and Kahn are intent on making the committee as user friendly as possible. But, he adds, faculty must play an active role in expediting the process, namely by familiarizing themselves with proper protocol — before submitting research proposals. When badly developed protocols are submitted, the committee is diverted from addressing the ethical issues relevant to the research, spending weeks in a back-and-forth rewrite process.

"Our primary responsibility is to see that human subjects are well protected — that the potential risks they are taking merit the (medical) benefits to themselves or the general public," Ablin says.

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UCSF answers questions about leasing

UCSF sent out letters last Thursday to a group of employees who have the option of retaining employment with UCSF by being leased to UCSF Stanford Health Care.

The UC Regents are scheduled to vote in September to give final approval for the creation of UCSF Stanford Health Care. If approval by UC Regents and Stanford Trustees is granted, the new private, nonprofit public benefit corporation is slated to begin operations on Nov. 1.

The leasing option is being made available to provide employees an opportunity to retain their UC retirement benefits, says Randy Lopez, assistant vice chancellor of human resources. For represented employees, this option will only be available if the unions which represent them agree to the modifications of the terms and conditions of employment necessary to implement the lease.

Employees must meet the eligibility requirements based on their age and University of California Retirement Plan (UCRP) service credit projections through Nov. 1. Employees who are offered a job with UCSF Stanford Health Care will have the choice of remaining a UCSF employee, subject to all terms and conditions of UC employment including participation in the UC retirement system, or accepting employment with UCSF Stanford Health Care and participating in its retirement and benefits programs.

UCSF has scheduled a series of informational meetings to answer questions (see chart above at right) in addition to those listed below.

1) Who is eligible for leasing?

Employees who are offered employment by UCSF Stanford are eligible for leasing if they are active members of the University of California Retirement Plan (UCRP) or the Public Employee Retirement System (PERS) and:

A. are not a UCSF manager or supervisor; and

B. are age 40 or older and have at least 10 years of UCRP or PERS retirement service credit as of Nov. 1, 1997; or

C. are age 50 or older and have at least five years of UCRP or PERS retirement service credit as of Nov. 1, 1997.

2) How is supervision defined?

Supervision is not primarily a function of job title but is defined by the responsibilities of the position for officially overseeing the work of others, with the authority to hire and fire, or recommend those actions.

3) What does being leased to UCSF Stanford Health Care mean?

You will remain an employee of UCSF and will perform your job duties in support of UCSF Stanford Health Care. You will be governed by all UCSF terms and conditions of employment including UC wages, hours, personnel policies and collective bargaining agreements including UC vacation, sick leave, and holidays. You will also continue to participate in UC retirement and health and welfare plans.

4) If I get a job offer from UCSF Stanford Health care and am "lease eligible," do I have to be leased and remain a UCSF employee?

No. You will decide whether or not you want to remain a UCSF employee and be leased or to accept employment with UCSF Stanford Health Care and resign from UCSF. Your decision is based entirely on your own set of personal circumstances.

5) Will I be able to stop being a UCSF leased employee at a later date and transfer to UCSF Stanford Health Care?

Yes. You will be able to resign from UCSF in the future and become an employee of UCSF Stanford Health Care providing you are not subject to a disciplinary process by UCSF.

6) If I become an employee of UCSF Stanford Health Care, may I change my mind at a later date and come back to UCSF as a "leased" employee?

No. Once you have accepted employment with UCSF Stanford Health care, you will not be allowed to return to employment with UCSF as a leased employee.

7) How long do I have to decide whether to be leased or to accept an offer with UCSF Stanford Health Care?

You will be asked to make your decision at the same time as others receiving job offers, the deadline for which is currently projected to be Oct. 3, 1997. However, because leased employees will be able to accept future employment with UCSF Stanford Health Care (see question 6), employees who are not sure what option to take may choose to be leased and still consider future employment opportunities with UCSF Stanford Health Care.

8) Will I retain my seniority within my current department if I become a leased employee?

As a leased employee, you will retain all University seniority and continue to accrue seniority. It is our goal to have the future structure of layoff units or leased employees defined and communicated by the time the job offer letters are sent by UCSF Stanford Health Care.

9) How will the order of layoffs in the new organization be determined between leased UCSF employees and UCSF Stanford Health Care employees?

It is the intention of UCSF Stanford Health Care to apply its rules for layoff equitably to all employees, both leased and non-leased.

10) Can I select some of the benefits available to UCSF Stanford Health Care employees (e.g., paid time off) and still be leased?

No. Only terms and conditions of employment associated with UCSF employment will be applicable to leased employees (see question 3).

11) As a leased employee, will I be able to participate in UC's open enrollment each year?

Yes. All regular UC benefits programs, including open enrollment, will continue to apply to leased employees.

12) If I am eligible to retire from UC currently, can I choose to retire and accept a job with UCSF Stanford Health Care instead of being leased?

Yes. The UCSF benefits counseling team has mailed individual retirement estimates to all employees eligible to retire. Be sure to attend one of the scheduled retirement meeting or call the UCSF benefits hotline at 502-2407.

13) If I am eligible to retire, but choose not to retire at the time of the merger, do I lose my UC retirement benefits?

No. You may postpone your UC retirement date, even if you terminate your UC employment. Employees who qualify under UCRP must retire within 120 calendar days of separation from UC in order to obtain annuitant health coverage.

14) If I am a part-time employee, am I eligible to be leased?

Yes. As long as you meet the conditions of lease eligibility (see question 1), you are eligible to become a leased employee.

15) Am I eligible for promotion as a leased employee?

Yes. However, you cannot remain a leased employee if you accept a promotion to a UCSF Stanford Health Care supervisory or managerial position. You will need to resign your UC employment and become an employee of UCSF Stanford Health Care. As a UCSF leased employee, you will continue to be able to compete for other UCSF positions without restriction.

16) As a leased employee, who will be my supervisor?

You will take day-to-day direction from your UCSF Stanford Health Care supervisor (subject to UCSF's ultimate responsibility) and will report to a UCSF manager. All official records and actions pertaining to your employment will remain with UCSF in a yet-to-be designated office.

17) As a leased employee, can I keep my current shift schedule?

Your work schedule will be determined by UCSF Stanford Health Care and the UCSF Office. Changes in schedules, time off, and time and attendance recordkeeping will be coordinated with your UCSF Stanford Health Care supervisor.

Meetings for lease-eligible employees

Please plan to attend one of the information meetings scheduled below if you have questions about the leasing option.
All meetings will be held from noon to 1 p.m.

DATES	LOCATION
Wednesday, Aug. 20	Toland Hall
Friday, Aug. 22	Herbst Hall-Mount Zion
Tuesday, Aug. 26	Room 126 Mission Center
Friday, Sept. 12	Toland Hall

Finances (from page 1)

ments for capital and equipment, he said.

But Kerr doesn't believe the merger will override the fundamental financial plight of academic medical centers. He said that society will have to understand the importance and assume the responsibility necessary to pay for health care professional training and indigent care.

Strong fiscal shape

Speaking via teleconference to Cole Hall at last week's Academic Senate meeting, Richard Weber, emeritus professor of economics and finance of Monmouth College in New Jersey, said his analysis "shows the UCSF Medical Center to be in a strong financial position."

Weber, who says he has analyzed the finances of more than 150 colleges and universities since 1981, was invited by the Academic Senate to review the Medical Center finances in light of merger plans.

Stanford's financial position was not discussed at last Monday's meeting, but the medical center is reportedly in strong shape. A major difference in the two budgets is that while UCSF earns a modest income of $6 to $7 million annually from investments, Stanford's investment earnings are considerably higher, Kerr noted.

Weber said during fiscal years 1992 to 1996, the Medical Center reported $500 million in assets and $130 million in liabilities, achieving a net worth of $368 million. The net worth has been growing at an average of 10 percent since fiscal year 1991-92, said Weber.

UCSF officials have said that the Medical Center is in good financial health compared to its peers. They credit the economic picture to aggressive cost-cutting by staff and management, low debt, the absence of pension expenses, risk avoidance and conservative financial management.

"We've taken about $52 million out of the expenses of the enterprise over the last four years. I think it's fair to say that, to date, we have not done real harm to either service or quality, but I've been admonished by many that we're getting much closer to that side of the equation than any of us would like.

"I raise the issue simply because sustaining an operating margin through expense reduction in a stand-alone fashion just isn't possible," Kerr said.

Larry Smith, chief financial officer at UCSF, agrees. "At UCSF, the cost-cutting process has already pared most of what could be considered 'fat' from the system, and further cuts could jeopardize patient care programs and bedside care," he said.

That's one reason why UCSF officials say few employees will be laid off as a direct result of the merger.

Kerr acknowledged that the Medical Center ended the 1997 fiscal year with a $21 million operating gain, more than was projected. As always, officials built their budget projections on a series of assumptions that this time, proved overly pessimistic. For example, their projection of dramatic cuts in Medicare did not occur, the Medical Center saw a boon in patient days and it received a one-time $6 million state appropriation to offset some of the medical education costs, Kerr explained. The Medical Center also received Medicare settlements from prior years, payments that were rolled over to budget coffers.

Saying the plan to integrate clinical services of UCSF and Stanford "may very well be the most analyzed merger in the history of hospital business," Kerr said that the call for a legislative audit, due to present findings before the UC Regents vote on the merger in September, will likely reinforce the independent analysis conducted by a third-party review team chaired by Warren Hellman. Commissioned by the UC Regents, that review followed an original analysis conducted by Ernst & Young in collaboration with UCSF and Stanford officials and declared the merger a "sound business decision for UC."

The Hellman report, which is available in the UCSF library, confirms the potential for economic benefits from the merger — including the ability of the merged entity to be in a better position to provide support for the academic mission.

When asked for his opinion about the Hellman report, Weber said he could not comment on the document without seeing all the financial information used to generate it. Weber conceded that he has only taken a "cursory" look at the report and has questions about its content.

INSIDE UCSF

UCSF Medical Center Patient Volume

Period ending May 31, 1997

PATIENT DAYS[1]	PROJECTED THIS YEAR	ACTUAL LAST YEAR
Inpatient		
Total adult/ped days	148,986	149,842
Average daily census	408.2	409.4
Percent occupancy	58.1%	63.7%
Admissions	23,790	24,774
Average length of stay	6.3	6.0
Outpatient		
Clinic visits	398,921	384,009
Emergency visits	33,400	33,799
Home care visits	50,000	56,256
Total outpatient Visits	482,321	474,064

1 Inpatient activity statistics exclude the 31-bed Skilled Nursing Facility at Mount Zion.
Source: UCSF Medical Center, July 3, 1997

Aug. 5–11, 1997

5 Tuesday

NEW EMPLOYEE ORIENTATION: 8:30-10:30 a.m., S 214. Call Leonard Florendo at 476-1073 to schedule.

INTRODUCTION TO THE INTERNET: The UCSF Library offers a class on the internet, 2-4 p.m., at SFGH. Call 476-2337 for details.

6 Wednesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

T'AI CHI CH'UAN — YANG STYLE. This introductory class will increase your strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation, 11 a.m-noon, MU Fitness Center, 505 Parnassus. Call 476-1115.

BROWN BAG LECTURE: Issa Eshima, chief of plastic surgery, presents *Facial Cosmetic Surgery: A New Standard of Excellence.* Learn about the combination of state-of-the-art skin care techniques with minimally invasive surgical procedures in a slide/lecture format. Chemical peels, laser resurfacing, endoscopic cosmetic surgery and the "ballerina neck lift" will be presented by UCSF Public Service Programs, 12:10-1 p.m., N 225. Call 476-4394.

INTRODUCTION TO MEDLINE: The UCSF Library offers a class on Medline, 2-4 p.m., at SFGH. Call 476-2337 for details.

7 Thursday

TAY-SACHS SCREENING CLINIC FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

8 Friday

AIDS/HIV MEETING: The UCSF Center for AIDS Research presents a program on anal genital disease, 8-9 a.m., SFGH Ward 84 conference room, building 80. Call 476-4082, X118.

AIDS HEALING PRACTICES: George Melton, AIDS advocate and one of the first patients diagnosed with AIDS, presents *Spiritual Anatomy and Healing Practices: Seeing the Whole Human Being.* Learn about research in Western healing traditions that has redefined the nature of the subtle field of energy and its impact on health, 12:10-1 p.m., N 225. Sponsored by the Institute of Healing Arts and Sciences. Call 584-4416.

DROP-IN SPORTS: Play volleyball in an informal and fun setting, 6:30-10 p.m., MU Gym. Open to all members of the campus community. Call 476-0356.

9 Saturday

DROP-IN SPORTS: Play badminton in an informal, fun setting, 6-10 p.m., MU Gym. Call 476-0356.

10 Sunday

PASSPORT FASHION SHOW: Tickets for Macy's Passport '97 "Fusion" fashion extravaganza go on sale today. See upcoming events for details.

11 Monday

T'AI CHI CH'UAN — YANG STYLE. See Aug. 6 listing.

DROP-IN SPORTS: Womens drop-in basketball, 6-7 p.m., MU Gym. Call 476-0356.

BETTER VISION NOW: John Stanley, UCSF professor of ophthalmology, presents new surgery options for the correction of nearsightedness and astigmatism — from laser surgery to corneal implants. 6 p.m., Beckman Vision Center, 8 Kirkham Ave. Free. Call 476-4394.

UPCOMING EVENTS

Massage class

Learn and practice basic Eastern and Western massage techniques and increase your understanding of the healing power of touch at massage classes, Sundays, Aug. 24 and Sept. 21, from 10 a.m.-2 p.m. at the Millberry Union Conference Center. A partner is required, and fees are $34 per person. For more information, call 476-1115.

Binkley professor visits

James S. T. Yao, a professor of surgery at Northwestern University Medical School, is the Robert W. Binkley Visiting Professor at the department of surgery. He will conduct surgical grand rounds on Tuesday and Wednesday, Sept. 9 and 10, at Toland Hall. Yao, who will speak on "Atheroembolization: Diagnostic and Therapeutic Challenge," is past president of the Society for Vascular Surgery and has co-authored 19 textbooks on vascular surgery. For more information, call 476-1236.

Mother and baby fair on Sept. 13

San Francisco Peninsula Parent and UCSF Women's Health co-sponsor a baby fair in Saunders Court on Saturday, Sept. 13 from 9 a.m. to 3 p.m. The event includes booths set up by UCSF professionals who will share information about women's health, obstetrics, child development, pre-natal testing, parenting and conduct seminars on effective family planning, choosing a child care provider, same-sex parenting and balancing a career and motherhood. Local retailers will display their wares and the day will feature a maternity fashion show. For more information, call 476-0668.

Home fashion tour

The UCSF Faculty Associates will host its first social event of the season on Wednesday, Sept. 24, when they will take a home fashion tour of San Francisco's Union Square. The group will start at Gumps for a continental breakfast before hearing an educational program on art and design for the home. For more information, call 476-6886.



Lisa Cisneros

Sign language course

The deadline to register for an introductory 14-session course on American Sign Language (ASL), is Monday, Aug. 25. The UCSF Center on Deafness will offer the course beginning Wednesday, Sept. 10, from 12:30 to 1:30 p.m.

Elisabeth Ann Prinz, a Deaf bilingual professional who has more than 20 years experience teaching ASL, is class instructor.

The class, to run through Dec. 17, will meet at Laurel Heights, Suite 115. Cost for the course is $60. For more information, call the UCCD at 476-7094.

Passport fashion show

Macy's Passport '97 "Fusion" presented by American Express, is slated for Thursday and Friday, Sept. 18 and 19. The annual fashion extravaganza raises funds for AIDS research and patient services.

Tickets for opening night cost $40 or $55 and $35 or $50 on Sept. 19. For tickets, call Macy's Union Square Box Office or Admissions Network USA at 1-800-678-5440. For more information, call the hotline at 393-3050 or 1-800-678-5440 or visit the event website at www.passport97.macys.com.

Arresting the fungus among us

By BRAD FOSS

A maxim says "athlete's foot" follows in the footsteps of shoe-wearing nations.

And while it's true that the warmth, darkness and humidity inside shoes are ideal growth conditions for the fungus known by dermatologists as tinea pedis, commonly called athlete's foot, personal foot care habits can help kick the problem.

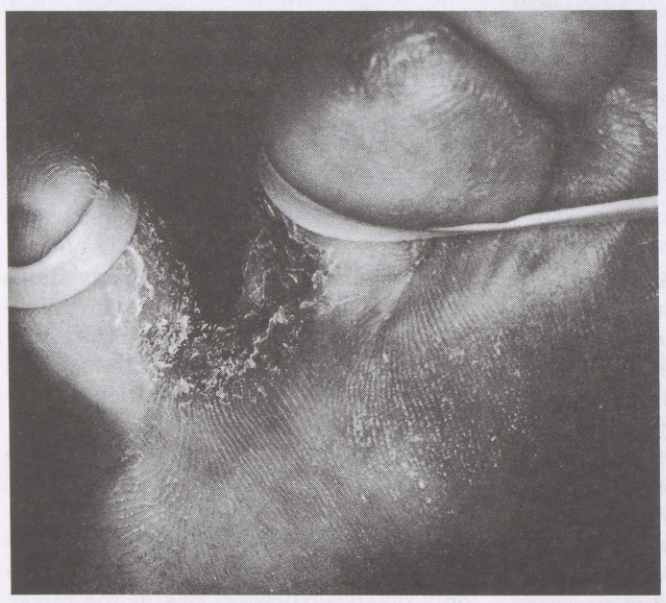
Wearing rubber sandals in public showers and locker rooms, changing out of damp socks, and washing and drying feet — especially between the toes — daily are highly effective.

"Keeping your feet dry is the number one preventive measure," says Raza Aly, adjunct professor of dermatology and microbiology at UCSF. "If you wear open shoes or sandals, you can very easily avoid the situation."

Athlete's foot originates as a fungus between the toes that causes dryness, redness, itching and often blisters and cracks. If the conditions are right (or wrong, as the case may be), bacteria with scary sounding names such as *Candida albicans, Epidermophyton floccosume* and species of *Trichophyton* — which thrive on warmth and dampness — begin to multiply and irritation may worsen. Although athlete's foot is usually little more than a nuisance, its open sores are prime breeding grounds for more serious infections.

Striking about 70 percent of Americans at one time or another, often times recurring, the fungal infection was named athlete's foot because it affected mostly teenagers and adult males. But the number of cases among women is growing. One theory, Aly says, is that as more women are involved in athletics, cases will climb with the popularity of sneakers, a common home for tinea pedis.

The fungi also thrive in damp public places, such as locker rooms, swimming pools, and public showers, which are subject to heavy foot traffic and where conditions are favorable.



Fungus between the toes

Yet despite common beliefs, the American Academy of Dermatolgy says the contagiousness of athlete's foot is unproven. "Experiments to infect healthy skin with athlete's foot have failed and often one family member may have it without infecting others living in the same house," the AAD reports on its "Derminfo" web page.

Aly, who recently co-edited a book, titled "Cutaneous Infection and Therapy," with UCSF dermatologists Karl Beutner and Howard Maibach, disagrees. "It's contagious," he says. "I never had athlete's foot in my life, but I recently joined a gym and within two months I got it." But, he adds, there is no good evidence to explain why in many cases one foot becomes infected but not the other. There may be some genetic susceptibility to athlete's foot, Aly says.

Fortunately, over-the-counter topical treatments are generally effective against fungus that is between the toes. Left untreated, however, the fungus can spread underneath toenails or to the sole of the foot, where skin is tougher, making it more difficult to penetrate with ordinary ointments.

A homeopathic remedy suggests soaking one's feet in a lukewarm brew of cinnamon and water to inhibit fungi growth, according to the Heinerman's Encyclopedia of Fruits, Vegetables and Herbs.

Unfamiliar with the medicinal uses of cinammon, Aly suggests instead a routine dusting of anti-fungal powder between the toes and into shoes. And, he adds, "go barefoot at home."

Aly and his colleagues will soon begin a month-long study of a new topical cream for athlete's foot. For more information, call 476-7122.

Mission Bay (from page 1)

site food services, indoor and outdoor recreation and fitness facilities, and child care.

Other essential services will be located nearby as Catellus plans to develop housing units, retail and commercial ventures.

No clinical facilities are planned for the new site.

Campus officials remain committed to open communication with the community during planning and development.

BALSA was established last year under the leadership of Donald G. Fisher, chairman of The Gap Inc., and William J. Rutter, co-founder of Chiron Corporation and former chair of the UCSF department of biochemistry and biophysics. Its mission began after a report commissioned by the San Francisco Partnership, a public-private venture devoted to helping businesses develop in San Francisco, identified life sciences, multi-media and financial services as three businesses the city should encourage. That report was presented at Mayor Willie Brown's economic summit last fall.